

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/926210

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
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11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19	1						69							
20							70							
21							71							
22							72							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL	2						TOTAL IND.							
TOTAL	33						TOTAL DEP.							
TOTAL CLAIMS	35						TOTAL CLAIMS							

BEST AVAILABLE COPY